2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2017
Secretary of State
CC4290919164

DOCUMENT# 759011

Entity Name: SHANDS JACKSONVILLE MEDICAL CENTER, INC.

Current Principal Place of Business:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209

Current Mailing Address:

655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

FEI Number: 59-2142859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEBARDELEBEN, JON ESQ.
655 WEST 8TH STREET
JACKSONVILLE, FL 32209 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: JON DEBARDELEBEN 04/24/2017

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	CD
Name	GUZICK, DAVID S. MD, PHD
Address	1515 SW ARCHER ROAD, SUITE 23C1
City-State-Zip:	GAINESVILLE FL 32608

Title	TREASURER
Name	RYAN, WILLIAM J.
Address	655 WEST 8TH ST
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	EDWARDS, LINDA R. MD
Address	653 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	BASS, THEODORE A. MD
Address	655 WEST 8TH STREET 5TH FLOOR, AMBULATORY CARE CENTER
City-State-Zip:	JACKSONVILLE FL 32209

Title	CEOD
Name	ARMISTEAD, RUSSELL E. JR., MBA
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	S
Name	ROBERTS, JAMES M. ESQ.
Address	1515 SW ARCHER ROAD
City-State-Zip:	GAINESVILLE FL 32608

Title	DIRECTOR
Name	WILLIAMS, CHRISTOPHER R. MD
Address	653 WEST 8TH STREET 3RD FLOOR, FACULTY CLINIC
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	MCCAGUE, BETH
Address	6740 EPPING FOREST WAY N. APT. #106
City-State-Zip:	JACKSONVILLE FL 32217

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JON DEBARDELEBEN REGISTERED AGENT 04/24/2017

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	GLOVER, NAT
Address	EDWARD WATERS COLLEGE 1658 KINGS ROAD PRESIDENT'S OFFICE #200
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	CRAWFORD, TONI
Address	989 PONTE VEDRA BLVD.
City-State-Zip:	JACKSONVILLE FL 32082

Title	ASSISTANT SECRETARY
Name	DEBARDELEBEN, JON
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	SCUDERI, CHRISTOPHER B. M.D.
Address	3122 NEW BERLIN ROAD
City-State-Zip:	JACKSONVILLE FL 32226

Title	ASSISTANT SECRETARY
Name	DIAZ, SONYA M
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	BOYNTON, MICHELLE M.
Address	1008 ARBOR LANE
City-State-Zip:	JACKSONVILLE FL 32207

Title	ASSISTANT TREASURER
Name	COCCHI, DEAN
Address	655 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	PATEL, RAHUL ESQ.
Address	1180 PEACHTREE STREET
City-State-Zip:	ATLANTA GA 30309

Title	DIRECTOR
Name	KERWIN, ANDREW J M.D., FACS
Address	655 WEST 8TH STREET 8TH FLOOR, CLINICAL CENTER
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	HALEY, LEON L JR., MD, MHSA, CPE, FACEP
Address	653 WEST 8TH STREET
City-State-Zip:	JACKSONVILLE FL 32209